U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:	
13/13	10 / 1 / 2003 Through: 9 / 30 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Paul J Hongo	Name Communications Workers of America Local 1298	
	Labor Organization File Number 013-618	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 3055 Dixwell Avenue	Street 3055 Dixwell Avenue	
City Hamden	City Hamden	
State Connecticut ZIP Code + 4 06518	State Connecticut ZIP Code + 4 06518	
5. Position in labor organization. Local President		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of attitude the state of t
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name SBC Directory Organization	Pre-Bargaining Dinner
Trade Name, if any: SBCDO	
P.O. Box, Bldg., Room No., if any	
Section 2010 Consequence	7.b. Amount.
Street 545 Long Wharf	
City New Haven	\$100
State Connecticut ZIP Code + 4 06511	

Signature

submitted in this report (including	g the information contained in any ac	enalty of Perjury and other applicable per companying documents), has been exami se the section on penalties in the instruction	alties of the law, that all of the information ined by the signatory and is, to the best of the ons.)
Signed Vau	Hann ()	On 08/15/2005	203 288-5271

Date

Telephone Number

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For Official Use Only	
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۰,					
1. File Nun	nber U-		2. Fiscal	Year Covered From:	
				10 / 1 / 2003 Through:	9 / 30 / 2004
3. Name a	nd address of person filing.		4. Name	, file number, and address of labor orga	anization.
Name _M	ichael	Barbera	Name	Communications Workers o	f America Local 1298
			Labor	Organization File Number 013-618	3
P.O. Box,	Bldg., Room No., if any		P.O. B	ox, Building and Room Number, if any	
Street 3	3055 Dixwell Avenue		Street	3055 Dixwell Avenue	
City Ha	amden		City	Hamden	
State Co	onnecticut	ZIP Code + 4 06518	State	Connecticut	ZIP Code + 4 06518
5. Position	in labor organization. Loca	l Vice President			
Enter a	ppropriate data below If, durin	ng the past fiscal year, you or your spot (except as specified in the exclu	ise or min sions set f	or child directly or indirectly had any of orth in the instructions):	the following interests

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Computer Sciences Corporation	Bargaining Dinner Meeting -7/29/04			
Trade Name, if any: CSC				
P.O. Box. Bidg., Room No., if any				
	7.b. Amount.			
Street 74 Deerfield Lane				
City Meriden	\$100			
State Connecticut ZIP Code +4 06450				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Midwell Burberer	On 08/15/2005	203 288-5271	
l	Date	Telephone Number	

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1. File Number U -	2. Fiscal Year Covered From:		
	10 / 1 / 2003 Through: 9 / 30 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name _{Patric} ia A Cristalli	Name Communications Workers of America Local 1298		
	Labor Organization File Number 013-618		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3055 Dixwell Avenue	Street 3055 Dixwell Avenue		
City Hamden	City Hamden		
State Connecticut ZIP Code + 4 06518	State Connecticut ZIP Code + 4 06518		
5. Position in labor organization. Local Vice President			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Computer Sciences Corporation	Bargaining Dinner Meeting -7/29/04		
Trade Name, if any: CSC			
P.O. Box, Bldg., Room No., if any			
Control of the Contro	7.b. Amount.		
Street 74 Deerfield Lane			
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State Connecticut ZIP Code + 4 06450			

Signature

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Signed Colore Sai	_ On	08/15/2005 Date	203 288-5271 Telephone Number